Government of Saskatchewan

Annual Report 1987-88

Saskatchewan Hospital Services Plan

April 1, 1987 to
March 31, 1988

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ISSN 0382-3725

91-03818/

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Program Highlights for 1987-88

- Funding of $1.0M was approved for the acquisition of hemodynamic equipment at University Hospital.
- Funding of $1.2M was provided to the Regina General Hospital and Saskatoon City Hospital for C.T. Scanners.
- Funding of $1.4M was approved for Saskatoon hospitals waiting list initiatives.
- A commitment of $300,000 was approved for the Regina hospitals' specialist recruitment fund.
- Responsibility for the T.B. program was transferred from T.B. League to the Provincial Laboratories and Disease Control.
- The Ambulance Services Unit was amalgamated with the Saskatchewan Hospital Services Plan.
- Construction was completed on 3 integrated facilities (Fillmore, Mankota, and Gainsborough). Construction began on new integrated facilities at Kyle and Theodore.
- Construction on Package 3 at the Regina General Hospital was completed.
- A new day surgery unit at Saskatoon City Hospital was officially opened in July.
- Phase 1 of the new $112M Saskatoon City Hospital was tendered.
- Construction on the $16.3M Saskatoon Cancer Clinic was completed.
- New hospital construction was completed at Hudson Bay, Maidstone, Lloydminster, and Watson.
- Graduated second Emergency Medical Technician/ Advanced class.
- Introduced Ambulance Continuing Education Training Program.

TO THE HONOURABLE SYLVIA FEDORUK,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1988.

Respectfully submitted,

George McLeod,
Minister of Health

TO THE HONOURABLE GEORGE MCLEOD,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1988.

Respectfully submitted,

Stan Sojonky,
Deputy Minister of Health

Organization Structure

The Plan's organization structure at year end is shown in the accompanying organization chart.

The main responsibilities of the various units within the Plan are as follows:

Hospital Services reviews and allocates operating funds and undertakes program planning for all acute care hospitals in the province. The unit also determines funding for other health agencies such as community clinics, and community health and social centres.

Finance is responsible for the financial planning and control of the Plan's program budget, management of Saskatchewan Hospitalization Fund, and the administration of The Hospital Revenue Act. This unit is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

Hospital Standards promotes the maintenance of adequate standards in hospitals and administers The Hospital Standards Act. This is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, radiology, dietary, and health records. The unit also administers provisions of The Union Hospital Act.

Planning is responsible for monitoring and evaluating the effectiveness of hospitals and hospital programs, for developing Branch operating plans and policies, for developing strategies for managing specific hospital system issues, and for program planning.

Facilities, Planning and Construction is responsible for planning assistance, review and approval of construction projects, and for the subsequent provision of financial loans/grants to hospitals with approved capital projects.

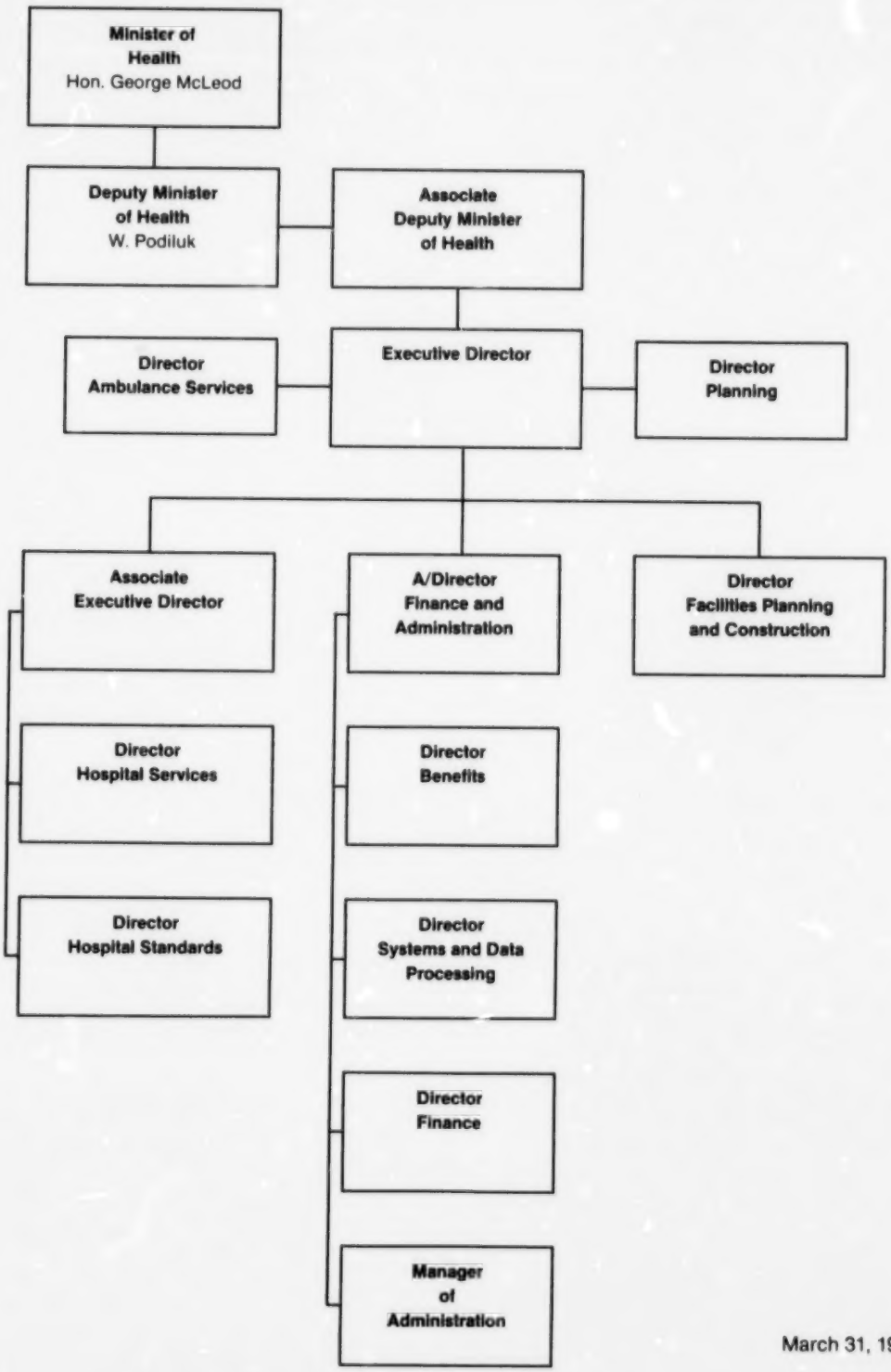
Benefits processes all reports of separations from Saskatchewan hospitals and payments for services provided to Saskatchewan residents by out-of-province hospitals. This unit also processes payments for claims submitted by private physical therapy and osteopathy facilities which have entered into an agreement with Saskatchewan Health to provide services under the Plan. The third-party-liability recovery program is managed by this unit.

Ambulance Services regulates the road ambulance system and administers road ambulance grants, the Senior Citizens' Ambulance Assistance Program and the Air Ambulance Program.

Administrative Services provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions.

Systems and Data Processing is responsible for systems development and maintenance as well as data entry and other data processing services required by the Plan.

Organization Chart



March 31, 1988

Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.
- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.
- To ensure the maintenance of minimum standards of safety and patient care in hospitals.
- To authorize the expansion, improvement or addition of programs in hospitals.
- To fund other approved facilities and programs for insured services provided to beneficiaries.
- To provide planning assistance for hospital construction.
- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.
- To administer the provisions of The Hospital Revenue Act.
- To administer the road ambulance program, the air ambulance program and the Senior Citizens' Ambulance Assistance Program.

Registration Eligibility and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and Regulations provide authority for the operations of the province's hospital care insurance program.

Eligibility for Benefits

Permanent residents of Saskatchewan, who have registered, are entitled to a broad range of Saskatchewan Health services.

Applications and assistance in registering are available at the Health Insurance Registration offices in Regina, Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Municipal administration offices in other locations maintain a supply of application forms and information pamphlets.

After registration, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration, benefits for new residents entering Saskatchewan from outside Canada (see list below) are provided from the date they establish residence in Saskatchewan:

- Returning Canadian citizens
- Returning residents
- Landed immigrants
- Non-immigrants which include members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation
- Discharged members of the R.C.M.P. and Canadian Forces.

Members of the Canadian Forces, The Royal Canadian Mounted Police and inmates of the federal penitentiaries are excluded from registering since they receive benefits under federal programs.

Beneficiaries who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere, plus the next two full months.

Persons who enter into employment contracts for work outside of Canada, not exceeding 24 months, and who intend to return and reside in the province may be eligible for benefits for the entire period of their employment.

Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of their studies outside of Saskatchewan.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for health services benefits.
- Children in the care of the Minister of Social Services.
- Inmates while serving a sentence in a provincial correctional institution.
- Inpatients in mental hospitals and persons voluntarily admitted to psychiatric wards.

Benefits

Benefits are available to all those who qualifiy as beneficiaries.

For treatment received in Saskatchewan, the Hospital Services Plan pays on behalf of beneficiaries, for most services which are normally provided by hospitals for inpatient and outpatient care. This includes services provided by certain community health associations and community health and social centres. In addition, services provided by certain physical therapy and osteopathy facilities are paid for, provided these facilities have entered into an agreement with Saskatchewan Health to provide insured services.

For treatment received in other provinces or territories of Canada, coverage is extended to beneficiaries when treated in approved hospitals. Standard ward care is paid at the per diem rate established by the provincial or territorial authority. Outpatient service that is a benefit in Saskatchewan, is fully insured.

For treatment received outside Canada, coverage is extended for insured services only when provided by general hospitals approved as such, by the official licensing body. Maximum payment per day of hospitalization is limited to the average daily rate of the Regina and Saskatoon general hospitals for the preceding year. The rate for fiscal year April 1, 1987 to March 31, 1988 was $314 per day. Outpatient services are normally paid at the full amount charged.

However, where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is given prior approval by one of the Saskatchewan Health agencies indicated below to obtain treatment outside Canada, when such is not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including the exchange difference on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of out-of-province treatment must be made by a Saskatchewan specialist physician to the Out-of-Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer

Foundation or the Saskatchewan Alcohol and Drug Abuse Commission.

Extended Care

(Levels 2, 3 or 4 - see Glossary for definition and also refer to page 11 of this report.)

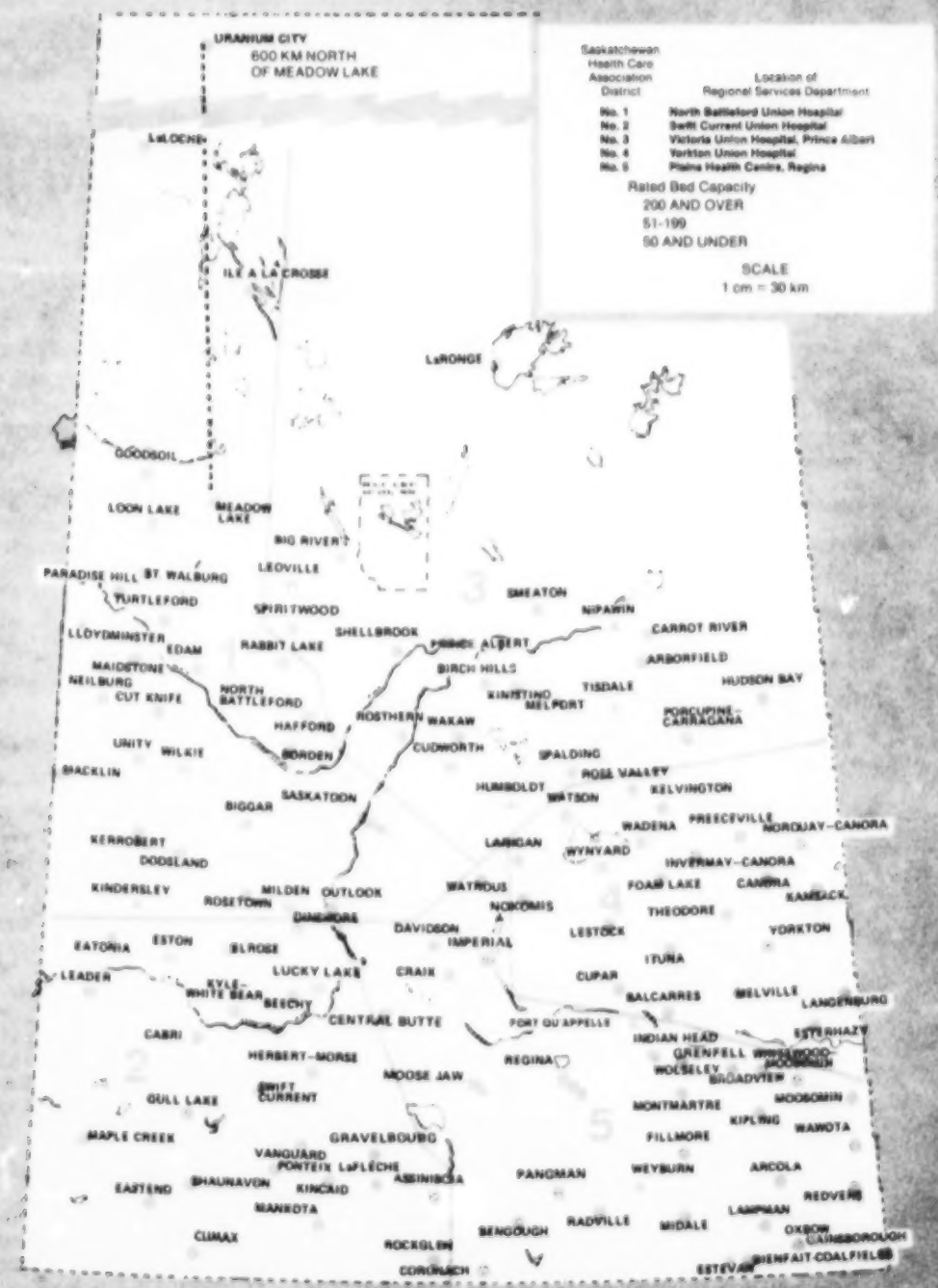
Patients who have been assessed as requiring Levels 2, 3 or 4 care and who occupy hospital beds in Saskatchewan hospitals are not eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly residential charge which is adjusted quarterly. The charge in effect at March 31, 1988 was $601 per month.

Non-Benefits

The following services, materials and charges are not insured:

- Extended Care (Level 2, 3 or 4) within Saskatchewan.
- Inpatient and outpatient services provided for reasons other than medical necessity.
- Additional cost of private or semi-private ward accommodation when chosen by the patient, not ordered by a physician.
- Services of persons not employed by the hospital.
- Care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders.
- Generally, hospital care involved with cosmetic surgery. (However, in certain cases cosmetic surgery may be covered. The attending physician may obtain information by writing to the Saskatchewan Medical Care Insurance Commission.)
- Certain drugs, biologicals and related preparations.
- Treatment provided by facilities within Saskatchewan other than hospitals unless the facility has an agreement with Saskatchewan Health to provide insured services.
- Treatment received outside Saskatchewan which is not provided by approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility.
- Transportation costs (road and air ambulance service), except road services between hospitals within the cities of Regina, Saskatoon, Moose Jaw, and Prince Albert.
- Services provided outside Canada for the treatment of cancer including the use of cancer treatment drugs or procedures not approved by the Saskatchewan Cancer Foundation.
- Take home drugs and appliances.

General Hospitals in Operation at March 31, 1988



Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and Regulations provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- The types of services each hospital should provide.
- The volume of services each should provide.
- The total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Service

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of service they are qualified to provide.

District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.

Regional hospitals provide basic hospital care to residents in their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity, and assume a limited role in education.

The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate vicinities. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. The Wascana Hospital, a former division of The South Saskatchewan Hospital Centre in Regina, now known as The Wascana Rehabilitation Centre, provides specialty service in physical and occupational rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations:

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and therefore needs to be adjusted. By comparing the provincial average utilization by age and sex groupings, with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.), an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group.

Example:
Number of males in municipality Z in the age group 70 - 74 = 15

Provincial average utilization experience for all males age 70 - 74 = 4,800 days per 1,000 covered population

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population

Adjusted number of males in municipality Z in the age group of 70 - 74 $= \frac{4,800}{1,600} \times 15 = 45$

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital, to the total number of discharges from all hospitals of persons from that municipality in a year, is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from Hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by Hospital A = 100 ÷ 300 = 1/3

Adjusted population credit for Hospital A
= 3,000 x 1/3 = 1,000

This is repeated for each municipality in which persons discharged from Hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average days of stay than the small hospital. Hospitals are therefore grouped by bed size, and the ratio of the average days of stay for hospitals in the group, to the average days of stay for all hospitals in the province, is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10 - 24 beds, the average days of stay is 7.0 days and for all hospitals it is 8.0 days, then for each hospital in this group the population served is multiplied by the fraction 7.0 over 8.0, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian population, to adjust for the high utilization rate experienced by Registered Indians.

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the average 5.03 persons per thousand adjusted non-Indian population requiring hospital care per day. For the Registered Indian population, the formula assumes an average of 8.70 persons per thousand adjusted Indian population requiring hospital care per day.

An estimate of those patient days which are not the responsibility of the Plan but which are provided by the hospital, is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay):

Non-Indian — 3,500
Indian — 350

Also assume the average days of stay to be 7.0, with the provincial average for all hospitals being 8.0 and non-SHSP days estimated at 35. The approved number of patient days would be calculated as follows:

$$\frac{(3{,}500 \times 5.03)}{1{,}000} + \frac{(350 \times 8.70)}{1{,}000} \times \frac{7.0}{8.0}$$

x 365 + 35 = 6,630

or an average of 18.2 (6,630 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the Plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly payments.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner yet maintaining acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula, hospitals are permitted to retain a certain amount of any operating surplus that may occur.

As a general rule, the global budget system is mandatory for all base and regional hospitals. It is optional for all other hospitals. In 1987-88, 19 hospitals participated in the global budget system.

Major Activities and Development

Southern Saskatchewan Dialysis Program

The volume of dialysis treatments funded at Regina General Hospital to support kidney patients residing in southern Saskatchewan was increased by 27%.

Waiting List Reduction Program

In 1987-88 approximately $1.4 million in additional operating funds were provided to Saskatoon hospitals to control surgical waiting lists. As part of this initiative, a new day surgery unit was opened at Saskatoon's City Hospital in July, 1987.

Regional Hospital Enhancement

A study on the enhancement of regional hospital services was prepared and submitted to the Department of Health in December, 1987. This is further to an earlier study on the role of regional hospitals. Both studies will assist the Department in planning the future role of Regional hospitals in Saskatchewan.

Extended Care

Extended Care services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

Patients requiring extended care are classified as either level 2, level 3 or level 4. (Please see Glossary for definition of levels of care.)

In 1987 there were 132,098 people or 12.6 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of levels 3 and 4 patients are in the 65 year and over age group.

Policy

Responsibility for the provision of extended care services was transferred to the Continuing Care Branch, Saskatchewan Health effective April 1, 1983. However, regional level 4 units are still located in four Saskatchewan Hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Rehabilitation Centre in Regina. As well, community hospitals, located in centres without a regional extended care hospital, have the option of allocating up to two beds for level 4 services. These facilities also provide additional level 3 and 4 services through use of approved level 6 beds. As of March 31, 1988, 88 community hospitals allocated 172 beds for level 4 care. There were an additional 308 long-term care patients occupying acute care beds.

Admission and Discharge Arrangements

Admission of patients to designated level 4 beds, is made through an admission and discharge committee established at each facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires level 4 care, then such care can be provided in an approved facility.

During 1984-85, a number of communities began forming District Co-ordinating Committees which include representatives from agencies providing services to those requiring extended care. District Co-ordinating Committees are a local forum for co-ordinating service delivery. They provide a single point of entry for information and services thereby reducing unnecessary duplication. Many of these committees have already assumed responsibility for assessing the level of care required by the client.

Level 4 Beds in Saskatchewan

The following table lists the regional level 4 units and approved beds presently available within the province.

Table I
Extended Care (Level 4) Hospital Beds
(as of March 31, 1988)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains & Pasqua Hospitals	176
Prince Albert**	Victoria Union & Holy Family Hospitals	84
Yorkton***	Yorkton Union Hospital; St. Peter's Hospital, Melville	70
Moose Jaw	Providence Hospital	42
Community Hospitals		172
	Total Beds	544****

* Includes 131 level 4 beds at Wascana, 25 at Regina General and 20 at Pasqua.
** Includes 69 level 4 beds at Prince Albert Victoria and 15 at Holy Family. Does not include level 4 beds in Herb Bassett Home.
*** Includes 60 level 4 beds at Yorkton Union and 10 at St. Peter's, Melville.
**** Does not include extended care patients occupying acute care beds.

Integrated Facilities

This new health initiative, when introduced in October 1984, provided for four pilot projects at Lampman, Lucky Lake, Rose Valley and Fillmore. The pilot program was expanded in the 5 Year Construction Plan announced by the Minister of Health on April 15, 1985. As of March 31, 1988, ten integrated facilities were in operation, three were under construction and three were approved to proceed to construction.

Integrated facilities are single structural and organizational entities which incorporate a hospital and a licensed special-care home. They are designed to meet the needs of smaller communities which have limited extended care and acute care needs. The integrated facility model stresses planned integration at all levels (administration, staff, physical plant).

To be eligible for an integrated facility, the community must meet a number of criteria. There must be a small hospital in the community, and the hospital should be in need of renovation or replacement. As well, there should be no existing special-care home in the community. However, there should be a need for improved local accessibility to long term care beds. In addition, there should be local support for the integrated facility concept.

Integrated facilities operate under a set of guiding principles. There should be recognition of the different care needs of the acute and long term care populations and that heavy long term care will be provided. There should also be optimum utilization and integration of care staff (professional nurses, aides, activity workers) and support staff (dietary, housekeeping, laundry, maintenance). In addition there should be one organizational and administrative unit as well as one budget. The hospital and special-care home portions of the facility should each have its own board and the same individuals may serve on both boards. Moreover, the boards may enter into a contractual agreement to enable the union hospital board to operate the entire facility in the name of both boards.

The Plan is responsible for providing administrative support to integrated facilities. As well, the facility will be subject to The Union Hospital Act and The Hospital Standards Act. The Continuing Care Branch of Saskatchewan Health has program responsibility for special-care residents and licenses the special-care beds under The Housing and Special-Care Homes Act.

Table II
Operating and Designated Integrated Facilities as of March 31, 1988

Name	Long Term Bed Capacity	Acute Bed Capacity	Status
Lampman Community Health Centre	19	6	Operational
Lucky Lake Community Health Centre	12	8	Operational
Nokomis Health Centre	12	10	Operational
Rabbit Lake Integrated Facility	12	10	Operational
Rose Valley Integrated Care Facility	12	16	Operational
L. Gervais Memorial Health Centre, Goodsoil	12	11	Operational
Dinsmore Union Hospital (Prairie Manor Health Care Centre)	12	10	Operational
Gainsborough and Area Health Centre	12	10	Operational
Fillmore Union Hospital and Integrated Facility	13	12	Operational
Prairie View Health Centre, Mankota	12	9	Operational
Kyle & District Health Care Centre	12	9	Under Construction
Leoville Union Hospital	12	4	Under Construction
Theodore Union Hospital	12	8	Under Construction
Cabri Union Hospital	12	10	Approved
Loon Lake Union Hospital	12	18	Approved
Montmartre	12	10	Approved

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation governing standards of patient care provided by Saskatchewan hospitals.

Regulations under the Act establish specific requirements in the areas of:

- Hospital management and administration
- Physical facilities
- Support services
- Health records
- Medical and dental staff
- Special services
- Other matters affecting hospitals.

Standards of Patient Care

Hospital Standards Unit has a major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals. The Plan employs consultants in nursing, dietetics, health records, and laboratory who, through routine and special visits, ensure compliance with legislation, bylaws and professional practices.

Additional responsibilities of the hospital standards consultants include:

- Provision of consulting service to hospitals
- Internal consulting services to other sections of the Plan
- Special projects or studies
- Liaison with professional organizations and health care agencies.

Further influence on the standards of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have documented formal procedures for the implementation of disaster plans and fire drills. These plans must be reviewed regularly and exercised in accordance with The Hospital Standards Act.

Ambulance Services

All ambulance services operating in the province are required to meet minimum provincial standards with respect to vehicles, equipment, operations and attendant training. The Ambulance Services Unit is responsible for ensuring that standards are met and for providing consultative services to boards and operators. The Unit is also responsible for the formal licensing of ambulance services and attendants, monitoring patient care, administering the Air Ambulance Program, and administering the Senior Citizens' Ambulance Assistance Program which limits charges to residents of the province 65 years or older to $150.00 per trip.

For the purpose of road ambulance service delivery, the province is divided into 108 ambulance districts. These districts are managed by ambulance boards comprised of participating municipalities. Boards contract for service or provide services directly. The system is funded through grants to these boards and through revenue derived from patient charges. In 1987-88, provincial grants to Ambulance District Boards totalled $6.4 million.

In May 1987, responsibility for ambulance services was transferred to the Hospital Services Plan. The emphasis in 1987-88 continued to be on improving the place of prehospital care in overall health care delivery. Major activities included the continued development of comprehensive ambulance legislation and the revision of standards for the continuing education of ambulance attendants.

Road Ambulance Services, Saskatchewan, 1986-87 and 1987-88

Statistics	1986-87	1987-88
Number of licensed ambulance services*	105	108
Number of licensed ambulance vehicles	189	209
Number of calls	55,157	52,298
Number of claims under the Senior Citizens' Ambulance Assistance Program	4,497	5,673

* Comprised of public, private and industrial licensed services.

Saskatchewan Air Ambulance Services 1986-87 and 1987-88

Location/ Type of Craft	Number of Patients 1986-87	Number of Patients 1987-88	Number of Flights 1986-87	Number of Flights 1987-88
Within Province				
- Air Ambulance	464	464	432	438
- Other	19	7	20	7
Sub Total	483	471	452	445
Outside Province				
- Air Ambulance	47	40	46	36
- Other	16	36	15	34
Sub Total	63	76	61	70
Grand Total	**546**	**547**	**513**	**515**

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance (in the form of loans from the Saskatchewan Property Management Corporation). The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Provincial Construction Funding

Provincial funding assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for funding assistance except where desirable operating efficiencies can be achieved and a saving in operating costs would result.

The funding formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive financial assistance in the following percentages:

- Base Hospital — 100% of approved capital budget
- Regional Hospital — 70% of approved capital budget
- Large Community Hospital (50 or more ADC) — 60% of approved capital budget
- Small Community Hospital (up to 50 ADC) — 50% of approved budget.

Under certain circumstances it is possible for hospitals engaged in major construction to qualify for additional funding, through the Cost Protection formula, to supplement the Basic Provincial Funding mentioned earlier. The policy recognizes that, while construction costs are similar from one district to another, local ability to pay is governed by the current equalized assessment. Consequently, eligibility for the new Cost Protection Formula will occur when, after calculating the Basic Provincial Funding, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's principal portion remaining exceeds an amount equivalent to five mills over a period of 10 years.

In essence, approved costs over that amount (5 mills x 10 years) will be assumed by the province, to a maximum of 85% of approved project costs, while lesser amounts are the responsibility of the hospital.

The Cost Protection formula is applied using the most current equalized assessment information available

Saskatoon Cancer Clinic

from the Local Government Board at the time of tender award.

Religious hospitals have no direct taxing authority to support capital projects. A Cost Protection formula has therefore been designed for this group of hospitals. Eligibility for cost protection will occur when, after calculating the basic provincial funding, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's portion remaining exceeds $500,000. If the hospital's share exceeds $500,000, the province will share all costs over that amount on a 50-50 basis.

Community health and social centres are eligible to receive construction funding assistance equal to 60% of the approved capital cost, up to a maximum of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- Construction continues on the Wascana Rehabilitation Centre, Regina. A regeneration of the existing Hospital, this $50 million project will be carried out in a number of stages or phases over the next four years. Construction of the Therapy Building formi g part of Phase 1 is proceeding with construction ahead of schedule. Phases 2 and 3 are in the planning stages. The total project will be completed in 1991.

- Package 3 at Regina General Hospital, with a value of $28 million, was completed. This package provides diagnostic and treatment areas as well as inpatient nursing units.

- Saskatoon University Hospital nears completion of the construction of a $27 million two floor addition to the hospital. Also a number of projects in the phased multi-million dollar renovation progam in the original buildings of University Hospital were completed or underway.

- Saskatoon City Hospital received approval of their plan for a new $112 million hospital to replace the existing facility. Phase 1 of the new facility is tendered with construction expected to be underway in the early summer of 1988.

- St. Paul's Hospital, Saskatoon, continues construction of a major expansion and renovation project at an estimated cost of $52.7 million.

- The new 118 bed hospital at Lloydminster was completed and replaced the old 92 bed facility.

- Yorkton Union Hospital completed a major addition for the new steam heating plant.

- A major renovation project was completed at Gull Lake.

- Construction was completed on integrated facilities at Fillmore, Gainsborough, and Mankota. Planning, design work and/or construction was underway for similar facilities at Cabri, Kyle, Leoville, Loon Lake, Montmartre and Theodore.

- Construction was completed on three replacement hospitals: 25 bed hospital at Maidstone, 20 bed hospital at Hudson Bay, and 12 bed hospital at Watson.

- Design work is currently underway for a new 100 bed acute care facility at Estevan.

The Union Hospital Act

The Union Hospital Act enables neighbouring municipalities to co-operatively operate and support a hospital. Areas organizing in this manner are known as "Union Hospital Districts". As of March 31, 1988, there were 116 established Union Hospital Districts in the province.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In some districts, the appointment of one or more representatives of Indian bands may be approved by the Lieutenant Governor in Council.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act.

The Hospital Revenue Act

The Hospital Revenue Act requires all municipalities, or portions thereof, which are not subject to taxation for hospital support, to pay an annual hospital revenue tax, equivalent to two mills on their equalized assessment for the preceding year to the Minister of Revenue and Financial Services. This tax has been levied since 1966. A discount of five per cent may be deducted if the tax is paid by December 31 of each year.

All money collected is disbursed to Saskatchewan hospitals prior to March 31 of the following year in accordance with a formula defined in the regulations under the Act.

The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by the residents of the municipalities which are paying the tax. A weighting factor in determining utilization is used to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province receive special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by:

- joining a union hospital district where the board of the hospital district is operating a hospital for the provision of services to inpatients; or where the board has entered into an agreement with a hospital or hospitals for a period of at least five years whereby the board is required to make annual grants to the hospital at least equivalent to the amount that the municipalities in the hospital district would be required to pay to the Minister of Revenue and Financial Services under the Act; or
- entering into a five year agreement with one or more hospitals, or a hospital and a corporation or person operating a community health and social centre, where the municipality is required to make annual grants at least equivalent to the amount that the municipality would be required to pay to the Minister of Finance under the Act.

Table III
Summary of Activity under The Hospital Revenue Act
1982-83 to 1987-88

Year	Number of Municipalities Subject to Tax	Amount of Tax Paid and Distributed to Hospitals	Number of Hospitals Receiving Payments
1982-83	111	$305,242	44
1983-84	113	313,731	45
1984-85	116	311,606	44
1985-86	114	312,839	40
1986-87	113	313,549	45
1987-88*	114	602,450	46

Note: See Appendix A-1 for details of grants to hospitals under The Hospital Revenue Act in 1987-88.

* 1987-88 increase due to new equalized assessment values.

Canada Health Act and Federal-Provincial Fiscal Arrangements and Established Programs Financing Act (CANADA)

The Hospital Insurance Plan is supported by general revenues of the Province which include contributions from the Federal Government under The Federal-Provincial Fiscal Arrangements and Established Programs Financing Act. The cost-sharing arrangements are administered by Saskatchewan Finance. Saskatchewan Health is responsible for administering the Health Care Insurance Plan and satisfying the program criteria and conditions under The Canada Health Act.

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation, composed of representatives from national hospital, medical, and nursing associations, operates a voluntary program of hospital accreditation.

Accreditation indicates that a hospital's standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in The Accreditation Guide Book which is available from the Executive Offices of the Council, located at 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

Accreditation status may be granted to hospitals for one, two or three year periods, following which a further survey is required to obtain re-accreditation. In 1987, 52 Saskatchewan hospitals held three year accreditation while two hospitals were accredited for one to two years.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the Accreditation Council the cost of each survey is paid by SHSP, subject to the hospital sending a copy of the accreditation report to the Plan.

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. The board also employs other health professionals to provide necessary services to clinic patients.

The types of services provided are determined by each individual community clinic and include some or all of the following.

- Diagnostic Radiology
- Laboratory
- Physical Therapy
- Occupational Therapy
- Social Services
- Nutrition Counselling
- Optometric and Pharmaceutical Services

Funding for both specialists and general practitioners is provided on the basis of salary grids. The average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan are used in the calculation of these grids.

In 1987-88 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle. A community health association continued to operate a clinic in Lloydminster in 1987-88.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a flexible line-by-line basis. The approved budget contains allowances for the salaries of physicians, optometrists and all other approved staff, as well as for all the expenses of operating a facility for the provision of ambulatory health care. Funds for physician services and optometrist services are reimbursed to the Plan by Medical Care Insurance Commission.

For a detailed account of payments made to community health associations in 1987-88 refer to Appendix A-2.

Community Health and Social Centres

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide primary medical care and other services as alternatives to institutional care.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of the program are:

- Outpatient diagnostic and treatment services based on a regular visiting physician service
- An on-call nurse to provide 24-hour emergency service
- Public health services such as:
  - — preventive health services
  - — maternal and child health conferences
  - — immunization
  - — school health visiting
  - — health education

In addition, the following are based in the health and social centres in some communities:

- A homemaker program
- A social activity program primarily for elderly people where one can be arranged
- Other home care services (e.g. meals on wheels, handyman, etc.).

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1988.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1987-88.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund provides for post-graduate education salaries (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1987-88 salary support was provided for 51 intern and 156 resident positions and approximately 53 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries, the Clinical Services Fund provided support in 1987-88 for fifth year medical student stipends, a summer employment program for third year medical students, and a grant to the College of Medicine's Division of Continuing Medical Education.

In 1987-88 the Clinical Services Fund disbursed:

Interns Salaries and Expenses	$ 1,501,320
Resident Salaries and Expenses	5,569,104
Faculty, Other Salaries and Expenses	4,795,416
Other Service Related Expenses	167,960
TOTAL	$12,033,800

Osteopathic Services

In 1987-88 the Minister of Health continued a contract with an osteopathic physician to provide osteopathic services in Saskatchewan. A statement of payments for 1987-88 is included in Appendix A-3.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed physician. Payments are made to these facilities based on a negotiated cost per visit by an insured beneficiary.

During 1987-88 the Minister of Health continued contracts with the owners of nine private practice physical therapy facilities in the province. Appendix A-3 provides a detailed account of payments to these facilities in 1987-88.

Saskatchewan Lung Association

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Lung Association, formerly the Saskatchewan Anti-Tuberculosis League, has been the agency responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The Association mandate is pursuant to provisions of The Non-Profit Corporations Act as of June 30, 1981.

In 1985, the Association arranged for the transfer of administrative responsibility for its laboratory in Saskatoon to the University Hospital in anticipation of its physical relocation there.

The Saskatchewan Lung Association served notice that it would cease providing tuberculosis control services as of July 31, 1987. The tuberculosis diagnosis, treatment and preventive services provided by the Association was transferred to the Laboratory and Disease Control Services Branch of Saskatchewan Health effective August 1, 1987.

An account of the payments made to the Saskatchewan Lung Association in 1987-88 is contained in Appendix A-1. In addition, the Association publishes its own annual report which is available from the Saskatchewan Lung Association, 1231 - 8th Street East, Saskatoon, Saskatchewan, S7H 0S5.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from The Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979. The Foundation operates two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the Cancer Clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are covered at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by a Cancer Clinic for treatment not available in Saskatchewan, the Foundation pays the medical expenses incurred.

In 1982, the Foundation began operating a lodge for out-of-town cancer patients attending the Saskatoon Cancer Clinic.

In 1985, a similar lodge was opened in Regina for patients of the Allan Blair Memorial Clinic.

The Saskatchewan Hospital Services Plan administered an appropriation of $17.411,000 for cancer services in 1987-88. Construction of a new clinic in Saskatoon was completed in 1987-88.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400, 2631 - 28th Avenue, Regina, Saskatchewan S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. Payments to the Society are shown under "Other Facilities" in Appendix A-1.

Regional Hospital Laundries

Regional hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. In 1987-88 regional laundry and linen services were provided to 17 hospitals in the Regina area, 22 in the Saskatoon area, 23 in the Prince Albert area and 14 in the Yorkton area.

At the beginning of each fiscal year, the Plan approves a user rate based on estimated expenditures and estimated volumes of linen to be processed during the year. Client hospitals are charged a user fee per pound for laundry and linen services.

Through the work of the Central Laundry Co-ordinating Group, the regional laundries group purchased certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a regional laundry and benefit from volume buying as well.

In 1987-88 regional laundries processed approximately 9.2 million kilograms of linen.

Saskatchewan Health-Care Association

Established in 1918, and formerly known as the Saskatchewan Hospital Association, the Saskatchewan Health-Care Association is a representative, non-profit body of health-care providers in Saskatchewan. All organizations providing direct health-care services to the public are eligible for membership in the SHA, as are many organizations providing health-related services, and whose prime purpose is to improve health care, although they may not deal directly with the public. The purpose of the Association is to enhance the comprehensive health system in the Province of Saskatchewan.

Through its Education Department, the SHA identifies the educational needs of its membership and promotes continuing education for both trustees and staff of member institutions. This department also assumes responsibility for providing career information and audio-visual materials as required. Every fall, the Education Department presents its major event, the SHA's Education Conference and Annual General Meeting.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides members with direction regarding computer system development and operation, through a co-ordinated and rational approach utilizing expertise from all segments of the health field. Continuous monitoring and updating of computer activities is provided through the Systems Management Committee and the Shared Systems Committee.

The Purchasing Services Department operates a group tendering system designed to help participating institutions to contain costs.

The Association also administers, on behalf of Saskatchewan Health, the Extern Program, which gives third year medical students the opportunity to work in rural hospitals during the summer months.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The approved budget for the 1987-88 year was $473,024. Monthly payments are processed through the University Hospital.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1988, amounted to $527,085,466.

Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1988, payments totalling $434,310,216 were made to in-province hospitals for inpatient care. Payments to in-province hospitals for outpatient services amounted to $60,891,680 for the twelve months ending March 31, 1988.

During the year the Plan paid $5,916,522 to Saskatchewan hospitals for inpatient and outpatient care provided to residents of other provinces under reciprocal agreements with these provinces. These payments are invoiced to other provincial government authorities responsible for those non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $196,333 remains outstanding as at March 31, 1988.

In addition, payments to other approved facilities within the province amounted to $7,047,773.

Payments for insured services provided outside the province amounted to $23,118,510 for the twelve months ending March 31, 1988. Of this amount $20,920,842 was paid for inpatient services and $2,197,668 was paid for outpatient services.

Administration Expenses

During the twelve months ending March 31, 1988, operating expenditures totalled $3,478,002 for the Plan. There were 87.7 positions approved for the Plan as at March 31, 1988.

Revenue

The total revenue for the Saskatchewan Hospitalization fund during the twelve months ending March 31, 1988, amounted to $527,085,466 which came from Consolidated Fund Appropriations.

Saskatchewan Hospitalization Fund
FINANCIAL STATEMENTS
For the Year Ended March 31, 1988

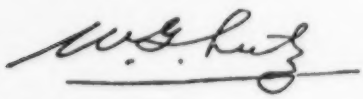
Auditor's Report

To the Members of the Legislative Assembly
Province of Saskatchewan

I have examined the balance sheet of the Saskatchewan Hospitalization Fund as at March 31, 1988 and the statements of revenue, expenditure and balance of fund and general administration expenses for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Fund as at March 31, 1988 and the results of its operations and the changes in its financial position for the year then ended in accordance with the accounting principles disclosed in note 1 to the financial statements applied, except for the change in accounting policy, as explained in Note 1 (a) to the financial statements, on a basis consistent with that of the preceding year.

Regina, Saskatchewan,
November 9, 1988.



W.G. Lutz, F.C.A.
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

BALANCE SHEET
As At March 31

	1988	1987
ASSETS		
Due from the Consolidated Fund	$ 6,246,960	$ –
	$ 6,246,960	$ –
LIABILITIES AND EQUITY		
Accounts Payable	$ 6,246,960	$ –
Balance of Fund	–	–
	$ 6,246,960	$ –

(See accompanying notes to the financial statements)

Statement 2

Saskatchewan Hospitalization Fund

STATEMENT OF REVENUE, EXPENDITURE AND BALANCE OF FUND
For the Year Ended March 31

	1988	1987
Revenue:		
Grants from Consolidated Fund — for Hospitalization	$523,607,464	$520,449,995
— for Administration	3,478,002	3,929,598
Miscellaneous	--	106
	$527,085,466	$524,379,699
Expenditure:		
Hospitalization —		
Hospitals within the Province (Note 4)	495,201,896	$494,526,287
Hospitals outside the Province	22,902,340	21,662,384
Other approved facilities within the Province (Note 4)	7,047,773	7,111,118
Reimbursement to patients re:		
Out-of-Province Hospital Accounts	216,170	259,822
Less: Recoveries — Third Party Liability	(1,957,048)	(1,677,842)
Total Hospitalization Expenses — Saskatchewan residents	$523,411,131	$521,881,769
Hospitals within the Province — Reciprocal billings for non-province residents (net of recoveries) (Note 4)	196,333	(252,497)
Total Hospitalization Expenses	523,607,464	521,629,272
General Administration —		
Salaries, Services and Gratuities	2,698,866	3,190,890
Travel, Sustenance and Vehicle Expense	74,097	84,105
Other	830,887	872,847
	3,603,850	4,147,842
Less: Recoveries for Services to Other Agencies	(125,848)	(147,840)
Total General Administration Expenses (Statement 3)	3,478,002	4,000,002
	527,085,466	525,629,274
Excess/(deficit) of revenue over expenditure	--	(1,249,575)
Balance of Fund, beginning of year	--	1,249,575
Balance of Fund, end of year (Note 5)	--	--

(See accompanying notes to the financial statements)

Statement 3

Saskatchewan Hospitalization Fund

STATEMENT OF GENERAL ADMINISTRATION EXPENSES
For the Year Ended March 31

	1988	1987
Salaries, Services and Gratuities	$ 2,698,867	$ 3,190,890
Equipment — Rentals	129,097	131,839
— Purchase of Accounting and Business Machines	—	14,191
— Repairs (including minor equipment purchases)	13,694	16,466
Computer Services	179,455	143,730
Consultant Fees	224,811	135,110
Travel, Sustenance and Vehicle Expense	74,097	84,105
Public Employees' Superannuation Plan — Employer Contribution	—	75,149
Postage, Telephone and Telegraph	68,611	68,845
Unemployment Insurance — Employer Share	—	66,482
Stationery and Office Expense	143,259	54,695
Programmer Analyst Services	23,248	36,259
Canada Pension Plan — Employer Contribution	—	36,088
Public Employees' Dental Plan — Employer Contribution	—	16,124
Printing and Publishing Expenses	120	15,080
Legal Fees	—	12,192
Workers' Compensation Board Assessment	—	10,306
Registration Fees	14,004	9,639
Disability Income Program — Employer Contribution	—	6,500
Commercial and Technical Reference Books	8,837	4,703
Relocation Expenses	1,956	4,689
Association and Professional Dues	2,614	3,498
Freight, Express, Cartage and Duty	1,373	2,762
Visual Processing Expenses	2,678	2,749
Miscellaneous	8,535	5,751
Public Announcements and Advertising	8,594	—
	$ 3,603,850	$ 4,147,842
Less: Recoveries for Services to Other Agencies	(125,848)	(147,840)
Total to Statement 2	$ 3,478,002	$ 4,000,002

(See accompanying notes to the financial statements)

Saskatchewan Hospitalization Fund

Notes to the Financial Statements
March 31, 1988

1. **Accounting Policies**

   (a) Basis of Accounting - Change in Accounting Policy

   The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made.

   To facilitate the wind-up of the Fund (see note 2), a change to the accrual basis of accounting was made as at March 31, 1988. This change, which has been applied prospectively, has the effect of increasing Due from the Consolidated Fund and Accounts Payable by $6,246,960 as at March 31, 1988. As a result of this change, these financial statements reflect a final accounting of the affairs of the Saskatchewan Hospitalization Fund.

   (b) Fixed Assets

   Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

   (c) Hospitalization Payments

   Hospitals are financed by payments made throughout the year on the basis of reasonable cost of providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Authority**

   The authority for the Saskatchewan Hospitalization Fund is set out in Section 15 of The Saskatchewan Hospitalization Act. Effective May 4, 1988, this section was repealed. As a result, commencing in 1988/89, all payments (recoveries) previously due from (to) this Fund will be payable from (to) the Consolidated Fund.

3. **Contingent Hospitalization Recoveries**

   Under Section 26 of The Saskatchewan Hospitalization Act, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries are $7,544,465 (1987 — $4,798,090). Following the disestablishment of the Fund, these amounts will be recoverable by the Consolidated Fund.

4. **Agency Agreement**

   As permitted under Section 6.1 and Section 7 of The Saskatchewan Hospitalization Act, the Saskatchewan Hospitalization Fund acted as agent for the Saskatchewan Medical Care Insurance Commission in regard to physician salaries in community clinics; the Department of Health, Continuing Care Branch in regard to Level 4 patients in general and rehabilitation hospitals and services provided to Level 4 integrated facilities; and governments of other provinces in regard to residents of other provinces. Payments stated are net of recoveries. These recoveries were $4,341,283 (1987 — $4,368,340) from the Saskatchewan Medical Care Insurance Commission, $24,223,541 (1987 — $22,705,539) from the Department of Health, Continuing Care Branch, and $5,690,356 (1987 — $5,603,064) from the governments of other provinces.

5. **Balance of Fund**

   Any funds not expended during the year by the Saskatchewan Hospitalization Fund are refunded to the Minister of Finance and the appropriate sub-votes at the year end. Grant revenue is reduced accordingly.

6. **Related Party Transactions**

   In accordance with government accounting policy, costs which are not normally allocated between government departments such as occupancy costs are not charged to the fund. In addition, commencing January, 1987, the employer's share of payroll benefits is paid by the Department of Health and thus are not charged to the Fund.

Appendices

Readers of this report are advised that the statistical section that follows excludes utilization and diagnosis data, which has been provided in previous reports. A separate statistical supplement will be issued.

Appendix A: Payments to Hospitals and Other Facilities

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1987-88

A-2 Payments to Community Operated Outpatient Facilities, 1987-88

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1987-88

Appendix B: Provincial Contributions for Construction and Renovations, 1987-88

Appendix C: Payment for Saskatchewan Beneficiaries at all Locations

Saskatchewan Hospitalization Fund Payments for Years, 1985-86 to 1987-88.

Appendix D: Acts Administered by the Plan

Appendix E: Glossary

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1988

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/88	Approved Daily Census Mar. 31/88	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
General and Rehabilitation Hospitals						
Arborfield Union		8	7.0	524,980	–	2,325
Arcola, Brock Union		24	18.6	1,138,560	9,800	–
Assiniboia Union		42	20.5	1,511,561	–	–
Balcarres Union		29	19.6	1,246,371	–	1,365
Beechy Union		8	5.4	546,332	12,033	–
Bengough Union		16	8.5	569,928	–	–
Bienfait-Coalfields Union		12	7.0	371,046	–	–
Biggar Union		32	21.5	1,517,127	–	–
Big River Union		25	15.5	963,775	–	742
Birch Hills Memorial Union		15	10.2	698,650	1,500	–
Borden Union		10	7.0	481,860	–	–
Broadview Union		22	16.3	883,433	–	–
Cabri Union		20	7.4	599,348	58,908	–
Canora Union		50	31.4	2,529,821	–	–
Carrot River Union		18	14.5	916,639	–	–
Central Butte Union		30	18.5	1,221,194	21,175	–
Climax, Border Union		8	4.0	486,643	14,815	–
Coronach Union		12	5.7	587,296	–	–
Craik Community		8	5.0	442,510	10,084	677
Cudworth, St. Michael's		20	14.5	853,041	–	1,400
Cupar Union		17	7.9	598,185	–	–
Cut Knife Union		8	3.9	480,066	–	–
Davidson Union		17	13.0	745,479	6,246	1,747
Dinsmore Union (Prairie Manor Health Care Centre)	(C)	22	14.7	701,158	65,699	–
Dodsland Union		10	5.5	499,916	–	–
Eastend Union		13	7.0	591,894	16,117	–
Eatonia Union		12	5.0	544,765	8,570	–
Edam, Lady Minto Union		8	5.5	534,363	–	–
Elrose Union		7	5.0	494,149	–	–
Esterhazy, St. Anthony's		30	19.5	1,304,785	–	1,348
Estevan, St. Joseph's General	(1)	106	70.8	5,158,556	185,171	–
Eston Union		24	10.9	854,559	–	–
Fillmore Union Hospital (and Integrated Facility)	(C)	25	12.9	701,996	841,444	–
Foam Lake Union		18	16.5	844,938	–	–
Fort Qu'Appelle Indian	(A)	60	35.3	2,078,690	–	–
Gainsborough Union Hospital (and Area Health Centre)	(C)	22	15.6	642,769	179,448	–

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/88	Approved Daily Census Mar. 31/88	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Goodsoil Union	(C)					
(L. Gervais Memorial Health Centre)		23	18.8	761,457	25,572	5,485
Gravelbourg, St. Joseph		32	17.2	1,236,316	--	3,273
Grenfell Union		18	12.0	744,312	60,000	--
Gull Lake Union		10	6.0	575,280	159,929	--
Hafford Union		16	11.5	618,557	52,360	--
Herbert-Morse Union		19	10.5	620,487	--	701
Hudson Bay Union		18	13.0	910,180	2,103,642	--
Humboldt, St. Elizabeth		81	54.4	4,620,363	18,202	5,448
Ile a la Crosse, St. Joseph's		46	16.6	1,422,540	14,118	11,349
Imperial Union		13	6.0	556,910	12,903	--
Indian Head Union		23	14.8	1,076,949	130,517	489
Invermay — Canora Union		11	6.4	557,326	9,025	--
Ituna Union		14	8.8	587,381	--	--
Kamsack Union		49	39.2	2,606,515	--	--
Kelvington Union		22	15.8	916,506	--	--
Kerrobert Union		30	16.5	1,185,697	13,150	--
Kincaid Union		9	5.3	518,037	--	--
Kindersley Union		55	35.7	2,257,532	12,882	--
Kinistino Union		16	11.7	727,399	40,027	--
Kipling Memorial Union		27	13.6	1,004,707	--	--
Kyle — White Bear Union		8	5.7	564,626	650,000	--
Lafleche Union		8	4.0	536,934	--	--
La Loche, St. Martin's		12	7.4	756,648	--	5,812
Lampman Union	(C)					
(Community Health Centre)		25	22.0	797,409	14,569	--
Langenburg Union		29	13.0	1,105,717	--	--
Lanigan Union		30	20.2	1,259,518	40,000	3,452
La Ronge		28	18.0	1,422,799	--	14,855
Leader Union		25	11.0	808,910	--	--
Leoville Union		11	5.6	534,220	377,908	--
Lestock, St. Joseph's Union		22	14.2	939,142	4,550	--
Lloydminster		118	62.9	2,947,988	2,320,911	--
Loon Lake Union		18	10.0	607,585	6,690	--
Lucky Lake Union	(C)					
(Community Health Centre)		20	15.0	698,318	20,572	--
Macklin, St. Joseph's		25	13.2	774,420	--	--
Maidstone Union		25	17.6	1,070,092	515,788	--
Mankota Union	(C)					
(Prairie View Health Centre)		21	11.7	628,594	96,062	--
Maple Creek Union		44	21.0	1,268,719	--	--
Meadow Lake Union		52	38.0	2,826,585	--	--
Melfort Union		85	60.8	5,544,358	349,636	1,198
Melville, St. Peter's	(2)	81	62.4	4,260,503	46,560	2,654
Midale Union		8	5.5	178,463	--	--
Milden Union		10	6.5	530,858	48,660	158
Montmartre Union		11	8.2	537,456	38,460	414
Moose Jaw, Providence	(3)	134	112.8	8,200,814	--	32,283
Moose Jaw Union	(4)	254	170.0	14,050,019	--	4,448
Moosomin Union		50	39.6	2,735,602	--	3,908
Neilburg and District Union		11	8.7	536,304	--	--
Nipawin Union		70	53.6	4,457,320	193,810	--

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/88	Approved Daily Census Mar. 31/88	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Nokomis Union Health Centre	(C)	22	18.7	786,757	--	--
Norquay — Canora Union		15	9.6	627,557	30,471	--
North Battleford, Battlefords Union	(5)	200	161.4	12,479,957	--	2,954
Outlook Union		22	19.4	1,013,504	--	1,151
Oxbow Union		21	12.4	794,953	--	--
Pangman Union		10	6.5	533,995	--	265
Paradise Hill Union		18	13.0	740,358	--	--
Ponteix Union		10	5.0	482,709	--	--
Porcupine — Carragana Union		20	12.2	767,355	--	--
Preeceville Union		29	21.0	1,383,542	9,661	--
Prince Albert, Holy Family	(6)	162	119.4	9,534,731	3,599	31,701
Prince Albert, Victoria Union	(7)	243	202.6	13,953,828	263,189	888
Rabbit Lake Union (Integrated Facility)	(C)	22	16.0	651,676	10,209	--
Radville Community		18	10.4	787,567	--	611
Redvers Union		21	14.0	863,304	--	882
Regina General	(8)	489	436.7	56,077,637	8,630,000	25,834
Regina, South Saskatchewan Hospital Centre:						
— Pasqua Hospital	(9)	404	349.0	36,895,961	348,571	21,284
— Plains Health Centre		300	242.8	35,384,238	--	13,102
Regina, Wascana Rehabilitation Centre	(B) (10)	215	195.0	12,180,978	18,674,719	--
Rockglen Union		7	5.3	539,352	--	796
Rosetown Union		34	27.0	2,023,544	11,181	--
Rose Valley Union (Integrated Facility)	(C)	28	22.5	863,048	--	--
Rosthern Union		42	29.5	1,731,419	--	742
St. Walburg Union		20	6.9	572,847	43,507	--
Saskatoon, City	(11)	376	318.6	34,712,590	2,982,685	26,468
Saskatoon, St. Paul's		330	303.2	33,759,911	12,400,000	186,730
Saskatoon, University	(12)	546	468.7	81,748,259	12,596,000	165,219
Shaunavon Union		37	20.5	1,285,787	--	349
Shellbrook Union		30	21.1	1,252,300	16,350	1,154
Smeaton Union		11	5.5	538,522	--	--
Spalding Union		12	7.8	546,647	--	--
Spiritwood Union		20	17.0	962,338	--	--
Swift Current Union	(13)	164	123.2	10,233,476	--	6,651
Theodore Union		13	8.3	538,829	347,778	--
Tisdale Union		68	32.2	2,700,410	105,068	--
Turtleford, Riverside Memorial Union		26	17.8	1,169,350	--	--
Unity Union		28	19.2	1,169,268	--	--
Uranium City, Municipal		32	10.0	1,189,739	--	--
Vanguard Union		11	5.1	488,882	--	--
Wadena Union		42	19.6	1,423,267	--	--
Wakaw Union		26	22.5	1,246,608	--	3,231
Watrous Union		25	16.0	1,036,136	2,357,000	--
Watson Union		12	9.1	589,849	546,708	963
Wawota Memorial Union		13	9.6	545,713	--	2,090
Weyburn Union		101	67.1	5,318,300	20,405	778

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/88	Approved Daily Census Mar. 31/88	Payment for Operating Costs*	Provincial Contributions for Construction and Renovations	Payments Under Hospital Revenue Act
Whitewood — Moosomin Union		10	6.4	577,778	3,750	–
Wilkie Union		31	20.0	1,120,447	–	–
Wolseley Memorial Union		19	13.1	851,237	–	–
Wynyard Union		21	18.5	1,109,783	82,799	-
Yorkton Union	(14)	313	247.1	16,546,611	621,672	3,076
Total (134 Hospitals)		**7,264**	**5,463.0**	**$513,283,609**	**$68,912,835**	**$602,450**
Other Facilities						
Canadian Red Cross Blood Depot — Regina and Saskatoon				**5,885,239**	–	
Saskatchewan Lung Association				**310,097**	–	
Saskatchewan Cancer Foundation — Saskatoon Clinic				**	**6,856,509**	
Total				**$519,478,945**	**$75,769,344**	
Less: Recoveries from						
- Continuing Care Branch re: Level 4 Patients and Integrated Facilities				(24,223,541)		
- Workers' Compensation Board re: Patient Care in Prior Fiscal Year				(53,507)		
Grand Totals		**7,264**	**5,463.0**	**$495,201,897**	**$75,769,344**	**$602,450**

(A) Owned and operated by Federal Government
(B) Rehabilitation Hospital
(C) Integrated Facility
* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.
** Payments for operating costs are made by a separate provincial grant paid through Saskatchewan Health.

(1) Includes — 12 Alcoholic Rehabilitation Beds
(2) Includes — 10 Extended Care Beds
(3) Includes — 42 Extended Care Beds
(4) Includes — 24 Psychiatric Beds

(5) Includes — 32 Psychiatric Beds
(6) Includes — 15 Extended Care Beds
(7) Includes — 60 Psychiatric Beds and 84 Extended Care Beds
(8) Includes — 38 Psychiatric Beds and 25 Extended Care Beds
(9) Includes — 22 Psychiatric Beds and 20 Extended Care Beds
(10) Includes — 131 Extended Care Beds and 84 Rehabilitation Beds but excludes 54 Department of Veterans Affairs Beds
(11) Includes — 16 Psychiatric Beds
(12) Includes — 39 Psychiatric Beds, 18 Geriatric Assessment Beds and 22 Rehabilitation Beds
(13) Includes — 14 Psychiatric Beds
(14) Includes — 51 Psychiatric Beds and 60 Extended Care Beds

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1988

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments for Operating Costs	Provincial Grants for Construction & Renovation
Community Clinics					
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory/Radiology	Semi-monthly	$ 52,666	$ --
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	2,855,559	--
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	1,311,355	--
Community Health Services (Saskatoon) Assoc. Ltd.	Saskatoon	Outpatient Services	Semi-monthly	4,054,577	--
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	220,839	--
Sub Total				$8,494,996	$ --
Less: Recoveries from Saskatchewan Medical Care Insurance Commission re: Physician Salaries				(4,239,607)	--
Sub Total				$4,255,389	$ --
Community Health and Social Centres					
Delisle Community Health & Social Centre	Delisle	Outpatient Services	Semi-monthly	$ 90,198	$ --
Hodgeville Community Health & Social Centre	Hodgeville	Outpatient Services	Semi-monthly	52,175	--
Leroy Community Health & Social Centre	Leroy	Outpatient Services	Semi-monthly	48,513	--
Maryfield Community Health & Social Centre	Maryfield	Outpatient Services	Semi-monthly	61,384	--
Mossbank Community Health & Social Centre	Mossbank	Outpatient Services	Semi-monthly	40,062	--
Neudorf Community Health & Social Centre	Neudorf	Outpatient Services	Semi-monthly	25,847	--
Quill Lake Community Health & Social Centre	Quill Lake	Outpatient Services	Semi-monthly	42,675	--
Raymore Community Health & Social Centre	Raymore	Outpatient Services	Semi-monthly	24,908	--
Strasbourg Community Health & Social Centre	Strasbourg	Outpatient Services	Semi-monthly	116,343	--
Willow Bunch Community Health & Social Centre	Willow Bunch	Outpatient Services	Semi-monthly	51,206	--
Zenon Park Community Health & Social Centre	Zenon Park	Outpatient Services	Semi-monthly	51,095	--
Sub Total				$ 604,406	$ --
Grand Total				**$4,859,795**	**$ --**

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1988

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G.Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-Service	$ 13,985
K. Julian	Moose Jaw	Physical Therapy	Fee-for-Service	201,666
Beveridge Physiotherapy Associates Inc.	Regina	Physical Therapy	Fee-for-Service	248,479
A. Durkin	Regina	Physical Therapy	Fee-for-Service	239,470
L. Kirkpatrick	Regina	Physical Therapy	Fee-for-Service	316
Regina Sports and Physio.	Regina	Physical Therapy	Fee-for-Service	147,878
R. Stewart	Regina	Physical Therapy	Fee-for-Service	302,669
J.T. Wasylenko	Regina	Physical Therapy	Fee-for-Service	257,106
C.I. Porter	Rosetown	Physical Therapy	Fee-for-Service	39,573
Saskatoon Physio. Association	Saskatoon	Physical Therapy	Fee-for-Service	316,748
Smithwick's Physiotherapy	Saskatoon	Physical Therapy	Fee-for-Service	407,869
Dr. D.D. Tanner	Regina	Osteopathic	Fee-for-Service	12,219
Grand Total				**$2,187,978**

Appendix B
Provincial Contributions for Construction and Renovations, 1987-88

Hospital	Project	Status of Construction	Estimated Provincial Contribution	Payments from April 1/87 to March 31/88
Arcola, Brock Union	Mechanical Renovations	Completed	$ 9,800	$ 9,800
Beechy Union	Furnace Upgrade & Roof Repair	Completed	14,908	12,033
Birch Hills Memorial Union	Pave Parking Lot	Completed	12,645	1,500
Cabri Union	Planning Costs - Integrated Facility	Completed	58,908	58,908
Central Butte Union	Pharmacy Relocation & Other Renovations	Completed	21,175	21,175
Climax, Border Union	Mechanical Renovations	Completed	33,126	14,815
Craik Community	Planning Costs - Integrated Facility	Completed	10,084	10,084
Davidson Union	Boiler Upgrader	Completed	6,246	6,246
Dinsmore Prairie Manor Health Centre	Integrated Facility (10AC + 12SC)	Completed	421,699	65,699
Eastend Union	Replace Flooring	Completed	16,117	16,117
Eatonia Union	Planning Costs - Integrated Facility	Completed	8,570	8,570
Estevan, St. Joseph's	Planning Costs - New Hospital	Completed	185,171	185,171
Fillmore Union	New Integrated Facility (12AC + 13SC)	Completed	1,715,083	841,444
Gainsborough Union	New Integrated Facility (10AC + 12SC)	Completed	712,191	179,448
Goodsoil, L. Gervais Memorial	Integrated Facility (11AC + 12SC)	Completed	547,572	25,572
Grenfell Union	Replace Roof	Underway	90,312	60,000
Gull Lake Union	Major Renovations	Completed	596,334	159,929
Hafford Union	Boiler & Heating Pipe Replacement	Completed	49,994	42,168
Hafford Union	Planning Costs - Repair Roof, etc.	Completed	10,192	10,192
Hudson Bay Union	New 20 Bed Hospital	Completed	3,215,655	2,103,642
Humboldt, St. Elizabeth	Planning Costs - Fire Safety Upgrade	Completed	18,202	18,202
Ile-a-la-Crosse, St. Joseph's	New Emergency Entrance Ramp	Completed	14,118	14,118
Imperial Union	Renovations — Whirlpool Tub Installation	Completed	12,960	12,903
Indian Head Union	Fire Safety Renovations	Completed	269,067	130,517
Invermay-Canora Union	Renovate Kitchen, Add Sprinkler System	Completed	17,025	9,025
Kerrobert Union	Lab Addition & Renovations	Completed	131,455	13,150
Kindersley Union	Renovations for New X-Ray Room	Completed	52,382	12,882
Kinistino Union	Replace Heating Plant Upgrade	Completed	65,134	40,000
Kinistino Union	Replace Floor Covering	Completed	17,912	27
Kyle White Bear Union	New Integrated Facility (9AC + 12SC)	Underway	2,038,602	650,000
Lampman Community Health	Integrated Facility (6AC + 19SC)	Completed	301,235	14,569
Lanigan Union	Air Conditioning Renovations	Completed	40,000	40,000
Leoville Union	Integrated Facility (11AC + 12SC)	Underway	627,908	377,908
Lestock, St. Joseph's Union	Admin. Area & Renovations, Add Sprinklers	Completed	18,550	4,550
Lloydminster	New 118 Bed Hospital	Completed	8,611,173	2,317,332
Lloydminster	Renovation - Fire Code Deficiencies	Completed	54,465	3,579
Loon Lake Union	Planning Costs - Integrated Facility	Completed	6,690	6,690
Lucky Lake Community Health Centre	Integrated Facility (8AC + 12SC)	Completed	227,261	20,572
Maidstone Union	New 25 Bed Hospital	Completed	3,595,425	515,788
Mankota Union	Integrated Facility (9AC + 12SC)	Completed	216,062	96,062
Melfort Union	Expansion & Renovations	Completed	6,412,946	319,798
Melfort Union	Elevator Renovations	Completed	29,838	29,838
Melville, St. Peter's	New Incinerator	Completed	55,644	46,560
Milden Union	Phase 1 - Additions & Renovations	Completed	132,126	27,693
Milden Union	Planning Costs - Phase 2: Additions & Renovations	Completed	20,967	20,967
Montmartre Union	Planning Costs - Integrated Facility	Completed	38,460	38,460
Nipawin Union	New 70 Bed Hospital	Completed	7,737,302	193,810
Norquay-Canora Union	Kitchen Addition, Fire Alarm	Completed	55,800	30,471
Preeceville Union	Replace Roofing	Completed	102,062	9,661
Prince Albert, Holy Family	Functional Program for Expansion	Completed	33,600	3,599
Prince Albert, Victoria Union	Roof Repairs to Hospital Psych. Emergency Centre	Underway	577,680	263,189

Hospital	Project	Status of Construction	Estimated Provincial Contribution	Payments from April 1/87 to March 31/88
Rabbit Lake Union	Integrated Facility (10AC + 12SC)	Completed	102,084	10,209
Regina General	PKG 3: 7 Level Addition	Completed	27,719,732	8,615,000
Regina General	Renovations 3rd Floor DVA Wing - Level IV Beds	Completed	175,000	15,000
Regina Pasqua	Renovations Radio Therapy	Completed	348,571	348,571
Rosetown Union	Feasibility Study	Completed	36,567	11,181
St. Walburg Union	Interior & Mechanical Renovations	Completed	435,072	43,507
Saskatoon City	Interim Upgrading	Underway	2,762,702	882,685
Saskatoon City	New 488 Bed Hospital	Underway	122,300,000	2,100,000
Saskatoon, St. Paul's	Major Expansion - 97 Beds	Underway	52,700,000	12,400,000
Saskatoon, University	2 Floor Addition	Completed	27,136,000	10,936,000
Saskatoon, University	Psychiatric Ward Addition	Completed	2,860,000	260,000
Saskatoon, University	Major Renovations to 1955 Building	Underway	5,300,000	1,400,000
Shellbrook Union	Convert Heating System	Completed	31,350	16,350
Theodore Union	New Integrated Facility (13AC + 12SC)	Underway	1,103,014	347,778
Tisdale Union	Fire Safety, Upgrade Sprinklers	Underway	95,000	74,118
Tisdale Union	Functional Program (new hospital)	Completed	33,950	30,950
Watrous Union	New 25 Bed Hospital (17AC + 8SC)	Completed	3,590,475	2,357,000
Watson Union	New 12 Bed Hospital	Completed	1,913,139	546,708
Weyburn Union	Electrical Services Renovation	Completed	20,405	20,405
Whitewood-Moosomin Union	Renovations for new X-Ray Equipment	Completed	7,500	3,750
Wynyard Union	Upgrade Medical Gas Piping & Renovations	Completed	87,365	82,799
Yorkton Union	Steam Plant Expansion	Completed	840,000	342,672
Yorkton Union	Major Expansion & Renovation - Phase 1	Completed	5,912,538	275,000
Yorkton Union	Roof Repairs - Mental Health Centre	Completed	44,000	4,000
Sub Total			**$ 294,822,297**	**$ 50,238,116**
Rehabilitation and Extended Care Hospital				
Regina, Wascana Rehabilitation Centre	New Building	Underway	$ 36,241,280	$ 18,673,719
Regina, Wascana Rehabilitation Centre	Renovation - Fire Safety	Completed	$ 282,340	$ 1,000
Sub Total			**$ 36,523,620**	**$ 18,674,719**
Other Facilities				
Saskatoon Cancer Clinic	New Clinic	Completed	$ 16,430,141	$ 6,856,509
Sub Total			**$ 16,430,141**	**$ 6,856,509**
Grand Total			**$ 347,776,058**	**$ 75,769,344**

Appendix C
Payments for Saskatchewan Beneficiaries at all Locations
Saskatchewan Hospitalization Fund Payments for Years 1985-86 to 1987-88

Item	Apr. 1/85 to Mar. 31/86	Apr. 1/86 to Mar. 31/87	Apr. 1/87 to Mar. 31/88
Total Payments	$487,628,588	$525,629,274	$527,085,467
Percent Increase over Previous Year	4.53	7.79	.27
Per Capita Cost*	$469.21	$504.75	$ 504.17
Total Hospital Payments	$483,189,559	$521,629,272	$523,607,465
Percent of Total Payments	99.09	99.24	99.34
Percent Increase over Previous Year	4.55	7.95	.37
Total Hospital Payments — Saskatchewan Residents	$482,826,355	$521,881,769	$523,411,132
Percent of Total Hospital Payments	99.92	100.05	99.96
Percent Increase over Previous Year	4.44	8.09	.29
Per Capita Cost*	$464.59	$501.16	500.66
Total Inpatient Payments	$420,496,346	$455,603,607	$455,231,060
Percent of Total Hospital Payments — Saskatchewan Residents	87.09	87.30	86.97
Percent Increase over Previous Year	4.27	8.35	(.08)
Inpatient Payments — General Hospitals	$410,624,173	$444,907,027	$444,409,657
Percent of Total Hospital Payments — Saskatchewan Residents	85.05	85.25	84.91
Percent Increase over Previous Year	4.28	8.35	(.11)
Inpatient Payments — Rehabilitation and Extended Care Hospitals	$ 9,872,173	$ 10,696,580	$ 10,821,403
Percent of Total Hospital Payments — Saskatchewan Residents	2.04	2.05	2.06
Percent Increase over Previous Year	4.00	8.35	1.16
Outpatient Payments **	$ 63,722,380	$ 67,956,004	$ 70,137,120
Percent of Total Hospital Payments — Saskatchewan Residents	13.20	13.02	13.40
Percent Increase over Previous Year	5.60	6.64	3.21
Recoveries — Third Party Liability	$ 1,392,371	$ 1,677,842	$ 1,957,048
Percent of Total Hospital Payments — Saskatchewan Residents	.29	.32	.37
Percent Increase over Previous Year	8.13	20.50	16.64
Total Hospital Payments — Reciprocal Billings for Non Saskatchewan Residents	$ 363,204	$ (252,497)	$ 196,333
Percent of Total Hospital Payments	.07	.05	.04
Total Administration Payments	$ 4,439,029	$ 4,000,002	$ 3,478,002
Percent of Total Payments	.91	.76	.66
Percent Increase over Previous Year	2.20	(9.89)	(13.04)
Per Capita Cost *	$4.27	$3.84	$3.32

* Based on total covered population as at June 30, 1987 of 1,045,440
** Includes Wascana Rehabilitation Centre which provides outpatient services.

Appendix D
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenues for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 15.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 6.

The Hospital Standards Act

This Act and Regulations provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to page 13.

The Union Hospital Act

This Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 15.

Appendix E
Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also Average Daily Census). The average daily census approved by the Plan as reflected by necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separation by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of services than a regional hospital.

Extended Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the Government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 — Supervisory Care. This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — Personal Care. Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — Basic Nursing Care. This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — Extended Care. This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention. Highly skilled technical and nursing personnel must be available, under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Level 5 — Rehabilitation Care. This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of care is an insured benefit under the Plan.

Level 6 — Acute Care. This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic service from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rate of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly installments).

Rated Bed Capacity. The maximum number of beds which, according to the Minister of Health, should be set up in the hospital on the basis of established standards of floor area per bed.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery, and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.